



## Description of Sole Use Activity at the LANSCe Accelerator Facility

Submit to: Los Alamos National Laboratory, LANSCE User Office, Los Alamos, NM 87545  
UNCLASSIFIED materials to MS H831, CLASSIFIED materials to MS H803

<b>Activity</b> <input type="checkbox"/> Proton Radiography <input type="checkbox"/> Accelerator Development <input type="checkbox"/> NRS <input type="checkbox"/> Other		<i>(To be completed by LANSCE)</i> <table style="width: 100%;"> <tr> <th style="width: 50%;">Number</th> <th style="width: 50%;">Date Received</th> </tr> </table>	Number	Date Received
Number	Date Received			

**TITLE**

  
  
  

Principal Investigator: _____	Citizenship: _____
Institution & Address: _____	
Phone: _____	Fax: _____ E-mail: _____

Co-Investigators (complete list; attach additional sheets if necessary)	Institution	Citizenship	E-mail Address

**LANSCe Local Contact:**

Beam Line/Experiment Area _____	Estimated Beam Time (days) _____
Dates Desired _____	Impossible Dates _____

**For statistical purposes, please categorize your proposal:**

RESEARCH AREA (check all that apply)		FUNDING AGENCY (check all that apply)	
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Nuclear Physics	<input type="checkbox"/> DOE/BES	<input type="checkbox"/> NSF
<input type="checkbox"/> Defense Science	<input type="checkbox"/> Solid State Physics	<input type="checkbox"/> DOE/OBER	<input type="checkbox"/> Industry
<input type="checkbox"/> Engineering	<input type="checkbox"/> Other: _____	<input type="checkbox"/> DOE/DP	<input type="checkbox"/> NASA
<input type="checkbox"/> Environmental Sciences	<input type="checkbox"/> Other: _____	<input type="checkbox"/> DOE: _____	<input type="checkbox"/> NIH
<input type="checkbox"/> Instrument Development		<input type="checkbox"/> DOD: _____	<input type="checkbox"/> Foreign: _____
<input type="checkbox"/> Materials Science		<input type="checkbox"/> Other US Gov t: _____	
<input type="checkbox"/> Medical Applications		<input type="checkbox"/> Other: _____	

**PROTON RADIOGRAPHY AND NRS SAFETY DETAILS**

All other sole use activities should skip Pages 2 and 3. **Go directly to Page 4** to enter Safety Details.

<input type="checkbox"/> <b>Explosive Experiment</b> <i>Area:</i> _____	<input type="checkbox"/> HE weight (TNT eqv.) _____ (<_____ lbs)	<input type="checkbox"/> New Containment approval required	<input type="checkbox"/> Materials covered by present Authorization Basis
<input type="checkbox"/> RCRA materials*	<input type="checkbox"/> Waste profiles available	<input type="checkbox"/> Waste testing required	<input type="checkbox"/> Radioactive Material* Amount: _____
<input type="checkbox"/> Activity covered by current HCP for PRAD in Area C	<input type="checkbox"/> Covered by other HCPs: _____ _____ _____	<input type="checkbox"/> New HCP required: _____ _____ _____	<input type="checkbox"/> Gas handling: _____ Cryogenic _____ Crane use: _____ Other: _____
<input type="checkbox"/> Activity covered by present HCP for NRS for Blue Room Ops	<input type="checkbox"/> Covered by other HCPs: _____ _____ _____	<input type="checkbox"/> New HCP required: _____ _____ _____	<input type="checkbox"/> Crane use: _____
<input type="checkbox"/> <b>Non-Explosive Experiment</b> <i>Area:</i> _____			
<input type="checkbox"/> Activity covered by present HCP for PRAD in Area C	<input type="checkbox"/> Activity covered by present HCP for NRS for Blue Room Ops	<input type="checkbox"/> Covered by other HCPs: _____ _____ _____	<input type="checkbox"/> New HCP required: _____ _____ _____
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Gas handling
<input type="checkbox"/> Special waste handling requirements		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<b>*attach MSDS for each material or indicate web address</b>			

I certify that the above information is correct to the best of my knowledge.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

**Safety and Feasibility Reviews (to be completed by LANSCE)**

Area Manager \_\_\_\_\_

Date Reviewed \_\_\_\_\_

☐ No further procedures/reviews required

☐ To be reviewed by an Experiment Safety Committee

Experiment Safety Committee \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Comments:

**PROTON RADIOGRAPHY PROPOSED EXPERIMENTAL CONFIGURATION**

This page is for Proton Radiography requests only. All others should go directly to the next page.

Information on this page will be used to optimize scheduling based on experimental requirements. Some items may not be known at time of submission but will need to be provided.

<input type="checkbox"/> 4 ft vessel	<input type="checkbox"/> 6 ft vessel	<input type="checkbox"/> Other: (specify)	
<b>Timing requirements:</b>	<input type="checkbox"/> Pulse pattern width and spacing: _____ _____	<input type="checkbox"/> Feed Thrust: _____ _____	<input type="checkbox"/> Fire set requirements: _____ _____
<input type="checkbox"/> Imaging support needed	<input type="checkbox"/> Image Plane 0 Cal Plates: _____ Detectors: _____ Other: _____	<input type="checkbox"/> Image Plane 1 FOV C#1 _____ C#2 _____ C#3 _____ C#4 _____ C#5 _____ C#6 _____ C#7 _____	<input type="checkbox"/> Image Plane 2 FOV C#1 _____ C#2 _____ C#3 _____ C#4 _____ C#5 _____ C#6 _____ C#7 _____
Minimum frames required: _____			
<input type="checkbox"/> Magnification 1 _____ 3.1 _____ Other: _____	<input type="checkbox"/> Image Plane 1 Collimator 20 mrad _____ 10 mrad _____ 5 mrad _____ Ferm _____ Other: _____	<input type="checkbox"/> Image Plane 2 Collimator 20 mrad _____ 10 mrad _____ 5 mrad _____ Ferm _____ Other: _____	<input type="checkbox"/> Ta Diffuser Thickness 10 mil _____ 20 mil _____ 50 mil _____ 75 mil _____ 100 mil _____
<input type="checkbox"/> Scintillator Image Plane 1 _____	<input type="checkbox"/> Scintillator Image Plane 2 _____	<input type="checkbox"/> VISAR	<input type="checkbox"/> Additional electronics/ diagnostics required: _____ _____
<input type="checkbox"/> Thermoelectric coolers	<input type="checkbox"/> Motion tables		
<input type="checkbox"/> Additional analysis computers required: (specify)			
<input type="checkbox"/> Additional DAQ needs: (specify)			

**SAFETY DETAILS**

Proton Radiography and NRS requests should use Page 2 to describe safety details of the activity. All other sole use activities should describe all pertinent safety details, including a list of all hazardous material, conditions, etc., that will be required to make a detailed safety analysis of the proposed activity.

Safety and Feasibility Reviews (*to be completed by LANSCE*)

Area Manager \_\_\_\_\_

Date Reviewed \_\_\_\_\_

☐ No further procedures/reviews required

☐ To be reviewed by an Experiment Safety Committee

Experiment Safety Committee \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Comments:

**DETAILED STATEMENT OF THE EXPERIMENT OR ACTIVITY**

*(Include scientific context and relevance of activity. Specify approximate beam time requirements for subtasks.)*

*(continued)*

**IMPORTANT!** Attach a list of publications resulting from LANSCE experiments for last three years. Include relevant beam line or experimental area.